


FORM 4-EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F Y L D 0 0 5 4 6 3 3 4 4 </div>
II. POLLUTANT CHARACTERISTICS Vermilion Co. - 183 804 26 I L D 0 0 3 4 6 3 3 4 4 Danville ALLIED CHEMICAL CORP PO BOX 13 DANVILLE, IL 61832 BREWER ROAD DANVILLE, IL 61832		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, correct it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
US EPA RECORDS CENTER REGION 5  503954		

SPECIFIC QUESTIONS	YES	NO	MARK 'X'	SPECIFIC QUESTIONS	YES	NO	MARK 'X'
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NOTE	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		See X.C
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY ALLIED CHEMICAL CORP DANVILLE WORKS			
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) LANTER N A MANAGER TECHNICAL B. PHONE (area code & no.) 217 446 4700			
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX PO BOX 13 B. CITY OR TOWN DANVILLE C. STATE IL D. ZIP CODE 61832			
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER BREWER ROAD B. COUNTY NAME VERMILION C. CITY OR TOWN DANVILLE D. STATE IL E. ZIP CODE 61832 F. COUNTY CODE (if known) 183			

RECEIVED
 NOV 30 1981

NOV 30 1981

ENVIRONMENTAL PROTECTION AGENCY



HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FIELD 00546334431

OFFICIAL USE ONLY

DATE RECEIVED (yr., mo., & day)

COMMENT

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

2. NEW FACILITY (Complete item below.)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
YARDS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
200	G				
400	G				
20	E				
20,000	G				
452,000	G				
216,000	G				
14	U				

t. in order of priority)		B. SECOND	
A. FIRST		(specify)	
Industrial Organic Chemicals		Industrial Inorganic Chemicals	
C. THIRD		D. FOURTH	
(specify)		(specify)	

OPERATOR INFORMATION		A. NAME		B. Is the name listed in Item VIII-A also the owner?	
ALLIED CHEMICAL CORPORATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)			
FEDERAL M = PUBLIC (other than federal or state) STATE O = OTHER (specify) PRIVATE		P (specify) 66		2 1 7 4 4 6 4 7 8 8 16 - 22 - 28	
E. STREET OR P.O. BOX		F. CITY OR TOWN		G. STATE	
O. BOX 13		DANVILLE		IL	
				H. ZIP CODE	
				6 1 8 3 2	
				IX. INDIAN LAND	
				Is the facility located on Indian lands?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	

EXISTING ENVIRONMENTAL PERMITS		A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
IL 0042803		9 P			
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)			
1980-UIC-200P9				(specify) See Attached Sheet	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)			
R		9		(specify)	
MAP					

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

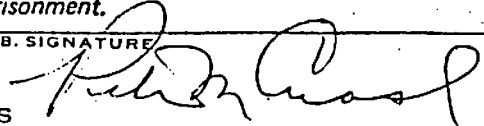
98150

F 9A/S1

I. NATURE OF BUSINESS (provide a brief description)

Production of fluorocarbon refrigerants 12 & 11 and hydrochloric acid.
Blending and packaging of refrigerants and aerosol propellants.

F 9A/S1

III. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE
P. M. Crosby Vice President-Performance Chemicals		
		C. DATE SIGNED
		Nov. 11, 1980
COMMENTS FOR OFFICIAL USE ONLY		

- I. 4. The catalyst stripper distillation column is washed with water prior to an annual internal inspection. The acidic material including antimony chloride is neutralized with sodium hydroxide in a 5000 gallon tank truck prior to drumming off for disposal in an approved landfill.

DESCRIPTION OF HAZARDOUS WASTES

HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you have hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled and possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate abbreviations are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

LESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARDOUS WASTE NUMBER (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES					
			1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-1 054	900	P	T	0	3	D	8	0
X-2 002	400	P	T	0	3	D	8	0
X-3 001	100	P	T	0	3	D	8	0
X-4 002								included with above

EPA I.D. NO. (enter from page 1)												
L	D	0	0	5	4	6	3	3	4	4	T/A	C
											3	6

*Certain facilities at this location are subject to tax exempt bonds issued by Illinois Industrial Pollution Control Financing Authority.

FACILITY DRAWING

Existing facilities must include in the space provided on page 4 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	0	7	4	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	8	7	3	3	2	7	0
72	73	74	75	76	77	78	79

FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

* NOTE ABOVE

A. NAME (print or type)

P. M. Crosby

B. SIGNATURE

P. M. Crosby

C. DATE SIGNED

Nov. 11, 1980

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

000546334431

W

DUP

32

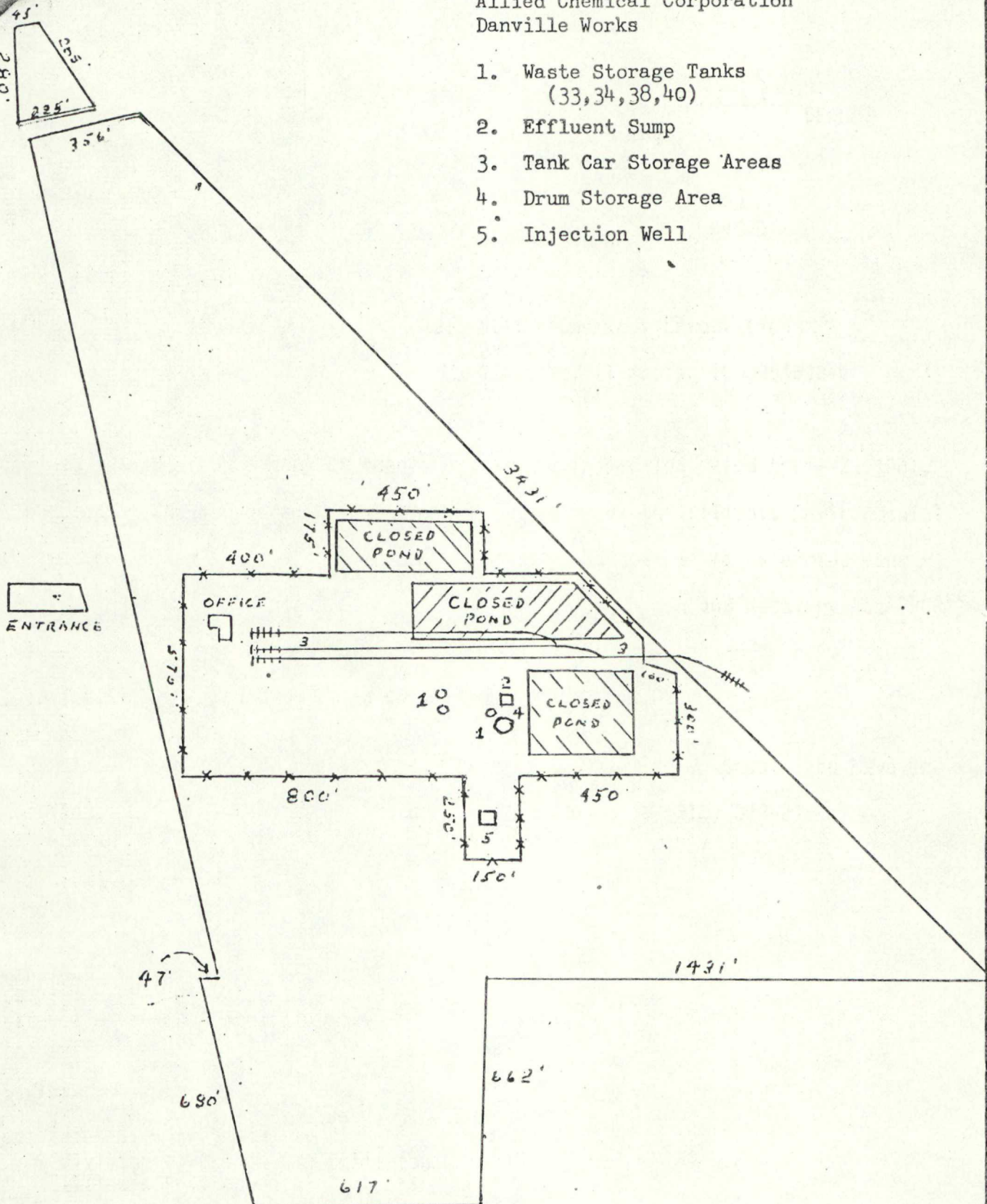
DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

U Z O Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
				27	28	29	30	31	32	33	34	35	36
1	D 0 0 1	3,411 000	P	S 0 1									ignitable carbon tetrachloride mixture
2	D 0 0 2	157,500 000	T	S 0 2	D 7 9								corrosive - deep well
3	U 2 1 1	tetrachloroethane											Included in above less than 2.0
4	D 0 0 3	3,124 000	P	S 0 1	(nitro-methane)								Reactive
5	K 0 2 1	45 000	T	S 0 1	T 0 4								antimony catalyst
5	D 0 0 4												Included with above
7													
8													
9													
10													
11													
12													
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17													
18													
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24													
25													
26													

Allied Chemical Corporation Danville Works

1. Waste Storage Tanks
(33,34,38,40)
2. Effluent Sump
3. Tank Car Storage Areas
4. Drum Storage Area
5. Injection Well



SCALE APPROX. 1/4" = 100'

(If A was answered Yes, then complete the following as applicable.)

1. Exporting Hazardous waste,
has a generator:

a. Notified the Administrator
in writing? _____

b. Obtained the signature of the
foreign consignee confirming
delivery of the waste(s) in the
foreign country? _____

c. Met the Manifest requirements? _____

2. Importing Hazardous Waste,
has the generator:

Met the manifest requirements? _____

VIII. Remarks

REMARKS: Facility wastes are compatible yet are kept in separate tanks. All waste
hazardous waste is injected into a deep well, waste ~~the~~ is turned over in the tanks approx.
times a day.

Have a silica gel that has been placed in a ~~one~~ small drums. This waste
is non-hazardous according to USEPA but by state of Ill standards it is hazardous.
are waiting for the state to make a final ruling so it can be disposed of.

The training program is being worked on. Most of the personnel have
been trained to the needed extent of their jobs. All necessary material has been
included in the outline.

The contingency plan appears complete. They have the safety equipment
where it is needed along with drains in the curbed areas that collect the spill/material
is pumped into the well.

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<u>X</u>	—	—	—
2. Has this plan been submitted to the Regional Administrator	<u>X</u>	—	—	<u>Sent to Regional Office</u>
3. Has closure begun?	—	<u>X</u>	—	—
4. Is closure estimate available by May 19, 1981?	<u>X</u>	—	—	—
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				
			<u>X</u>	—

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: Allied Chemical Date of Inspection: 3/16/82

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<u>X</u>	—	—	—
2. Are containers compatible with waste in them?	<u>X</u>	—	—	—
3. Are containers stored closed?	<u>X</u>	—	—	—
4. Are containers managed to prevent leaks?	<u>X</u>	—	—	—
5. Are containers inspected weekly for leaks and defects?	<u>X</u>	—	—	—
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<u>X</u>	—	—	—